

**"Other Options"**

Unique Code	Option Author	Content	Content Area
<b>Options Submitted by Commission Members</b>			
A1	Carol D. Berkowitz	Strengthen Rebate Administration	Prescription Drug Reform
A2	James Anderson, Cincinnati Children's Hospital Medical Center	Extension of 340b pharmacy reimbursement rates to inpatient services in high DSH hospitals; currently only allowable for outpatient services; MMA included a provision of this nature, but the language is "permissive", not "mandatory" so not all drug manufacturers are opting to include inpatient	Prescription Drug Reform
A3	James Anderson, Cincinnati Children's Hospital Medical Center	Inclusion of PPS exempt children's hospitals in the 340b program, so long as they meet the other program criteria	Prescription Drug Reform
A4	Governor Angus King	Home health as alternative to nursing home care	Long Term Care
A5	Governor Angus King	Mandated managed care, atleast for certain segments of the Medicaid population	Managed Care
A6	Governor Angus King	Apply special drug prices available to "340b" facilities (qualified rural health centers, practitioners, and certain hospitals) to all Medicaid drug purchases	Prescription Drug Reform
A7	Governor Angus King	Closed drug formulary	Prescription Drug Reform
A8	Governor Angus King	Create a national Medicaid formulary whereby all classes of drugs are put out to bid on a periodic basis	Prescription Drug Reform
A9	Governor Angus King	Create a national Medicaid formulary whereby all classes of drugs are put out to bid on a periodic basis AND use it for Medicare, Medicaid, VA, Tribal and Government employee health plans (state and Federal)	Prescription Drug Reform
A10	Governor Angus King	Eliminate the difference in pricing between "classes of trade"	Prescription Drug Reform
A11	Governor Angus King	Generic based formulary	Prescription Drug Reform
A12	Governor Angus King	Provide coverage under Medicaid for over-the-counter drugs to remove the incentive for the prescribing of a brand-name	Prescription Drug Reform
A13	Grace-Marie Turner, Galen Institute Robert Helms, AEI	Stemming Fraud and Abuse (PB 2006)	Fraud and Abuse
A14	Grace-Marie Turner, Galen Institute Robert Helms, AEI	Disease and Chronic care Management Programs	Long Term Care
A15	Grace-Marie Turner, Galen Institute Robert Helms, AEI	Long Term Care Partnershp Program (PB2006)	Long Term Care
A16	Grace-Marie Turner, Galen Institute Robert Helms, AEI	Promote the passage of the Administration's "Money Follows the Person" demonstration program	Long Term Care

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A17	John Kemp, Disability Service Providers of America	Target larger entities for fraud and abuse investigations and (as stated in a 2004 GAO report) implement comprehensive procedures to check the legitimacy of providers before they can bill the Medicaid program	Fraud and Abuse
A18	Joseph W. "Chip" Marshall III, Temple University Health System	Allow benefit package flexibility for States	Benefits
A19	Joseph W. "Chip" Marshall III, Temple University Health System	Preserve FQHCs	No options
A20	Joseph W. "Chip" Marshall III, Temple University Health System	Closed drug formulary	Prescription Drug Reform
A21	Joseph W. "Chip" Marshall III, Temple University Health System	Fund demonstration grants available to Medicaid providers to increase quality and efficiency of care, including support for electronic medical records	Quality
A22	Julianne Beckett, Family Voices	Medicaid coverage of Early Intervention services	Benefits
A23	Julianne Beckett, Family Voices	Transition Plan for young adults moving out of child Medicaid services	Benefits
A24	Julianne Beckett, Family Voices	Allow individuals with special needs to buy-in to Medicaid	Buy-In
A25	Julianne Beckett, Family Voices	Coordinate Medicaid's Early and Periodic Screening, Diagnostic and Treatment programs with state and private programs	Coordination Between Programs
A26	Julianne Beckett, Family Voices	Coordination of Medicaid with other programs that serve youth transitioning to adulthood	Coordination Between Programs
A27	Julianne Beckett, Family Voices	Review of SSA disability definitions and determinations	Disabilities
A28	Julianne Beckett, Family Voices	Separate funding streams for Medicaid by the populations covered	Financing
A29	Julianne Beckett, Family Voices	Capturing Fraud and Abuse	Fraud and Abuse
A30	Julianne Beckett, Family Voices	Investigation of fraud and abuse in the Medicaid program, including a GAO study	Fraud and Abuse
A31	Julianne Beckett, Family Voices	Expand Family-to-Family Health Information Centers to all states	Health Information Centers
A32	Julianne Beckett, Family Voices	End bias towards institutional care in Medicaid	Long Term Care
A33	Maggie Brooks, Monroe County	Drug formulary	Prescription Drug Reform
A34	Maggie Brooks, Monroe County	Utilize fraud detection software	Fraud and Abuse
A35	Maggie Brooks, Monroe County	Mandatory managed care for most enrollees	Managed Care
A36	Maggie Brooks, Monroe County	Long Term Care Insurance	Long Term Care

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<b>Options Submitted by Organizations or Individuals</b>			
B1	ADAPT	Aggressive monitoring of state implementation of Olmstead by CMS and HHS/OCR	Long Term Care
B2	ADAPT	Promote "Money Follows the Person" demonstration program	Long Term Care
B3	ADAPT	Change waiver requirements that encourage "silo-like" programs to noncapitated waivers	Long Term Care
B4	ADAPT	Earmark \$100 million for Real Choice System Change grants to states	Long Term Care
B5	ADAPT	Eliminate unnecessary medical/nursing requirements in all community programs	Long Term Care
B6	ADAPT	Expand Family-to-Family Health Information Centers to all states	Long Term Care
B7	ADAPT	Passage of MiCASSA, Senate Bill 401: allows for the election of community services for anyone deemed nursing home/ICF-MR eligible	Long Term Care
B8	ADAPT	Permit more consumer direction in terms of service delivery options by means of vouchers, fiscal intermediaries, agency with choice	Long Term Care
B9	ADAPT	Require more substantive consumer input in all state plan and waiver activities	Long Term Care
B10	American Nurses Association	Amend section 1905(a)(21) of the Social Security Act to expand Medicaid fee for service coverage to include direct reimbursement for all nurse practitioners and clinical nurse specialists (expanding beyond the pediatric nurse practitioners and family nurse practitioners covered by current law) and physician assistants	Medical Personnel
B11	American Nurses Association	Clarify the scope of providers required by managed care plans to specifically include nurse practitioners, certified nurse midwives, certified registered nurse anesthetists, clinical nurse specialists, and physician assistants	Medical Personnel
B12	American Pharmacists Association	Use methodology in Medicare Part B reforms that support adoption of a separate pharmacy supplying fee in addition to the cost of acquiring the drugs	Prescription Drug Reform
B13	American Pharmacists Association	Payors, both public and private, own the drugs that are dispensed to Medicaid patients, based on the 340B program or the Competitive Acquisition Program (CAP)	Prescription Drug Reform
B14	American Pharmacists Association	Medication therapy management (MTM) services	Prescription Drug Reform
B15	American University Centers on Disabilities	Increase funding temporarily to states to preserve the national investment in Medicaid	Financing
B16	American University Centers on Disabilities	Develop a comprehensive long term care policy, including long term care insurance financed through voluntary payroll deductions	Long Term Care
B17	American University Centers on Disabilities	End Institutional bias of the Medicaid long-term care system	Long Term Care
B18	American University Centers on Disabilities	Promoting the passage of the Administration's "Money Follows the Person" demonstration program	Long Term Care
B19	American University Centers on Disabilities	Increase the federal responsibility for the cost of providing services to Medicare beneficiaries	Long Term Care
B20	American University Centers on Disabilities	Support the Direct Support Professionals Fairness and Security Act of 2005	Long Term Care

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B21	Bill Vaughan, Consumers Union	Stronger anti-fraud laws	Fraud and Abuse
B22	Bill Vaughan, Consumers Union	Implementation of a evidence based prescription drug program designed after Washington State	Prescription Drug Reform
B23	Bill Vaughan, Consumers Union	Quality improvement and reimbursement changes in PET, MRI and CAT imaging, as recommended by MedPAC for Medicare	Provider Rates
B24	Bob Kafka, Institute for Disability Access; NCIL	Increased FMAP of 5-10% for states that choose home and community services as a State plan option, without eliminating nursing home option	Long Term Care
B25	Bob Kafka, Institute for Disability Access; NCIL	Passage of MiCASSA, Senate Bill 401: allows for the election of community services for anyone deemed nursing home/ICF-MR eligible	Long Term Care
B26	Bob Kafka, Institute for Disability Access; NCIL	Promoting the passage of the Administration's "Money Follows the Person" demonstration program	Long Term Care
B27	Bob Kafka, Institute for Disability Access; NCIL	Reform long term care system by separating funding for long term care from acute care funding. Create Long Term Services and Supports Fund	Long Term Care
B28	Center for Disability Rights	End Institutional bias of the Medicaid long-term care system	Long Term Care
B29	Deborah Tomes (Medicaid Enrollee)	Stop provider-related fraud at state level	Fraud and Abuse
B30	Deborah Tomes (Medicaid Enrollee)	Require copayments for Medicaid and Medicare enrollees	Co-pays
B31	Deborah Tomes (Medicaid Enrollee)	Medicaid and Medicare employment of disabled persons	Disabilities
B32	Deborah Tomes (Medicaid Enrollee)	Enrollee education on fraud	Fraud and Abuse
B33	Deborah Tomes (Medicaid Enrollee)	Nursing home investigations to prevent abuse of senior citizens	Fraud and Abuse
B34	Gloria Christie (Medicaid Enrollee)	Learn from Medicare's excellent low management cost	Administration
B35	Gloria Christie (Medicaid Enrollee)	Lift the cap off of income deductions	Eligibility
B36	Gloria Christie (Medicaid Enrollee)	Cap prescription costs	Prescription Drug Reform
B37	Gloria Christie (Medicaid Enrollee)	Include preventive care in Medicaid	Benefits
B38	Gloria Christie (Medicaid Enrollee)	Consider the insurance industry's role in health care	Private Insurance
B39	Gloria Christie (Medicaid Enrollee)	Look at other countries' health care models which are less expensive but more effective	Miscellaneous
B40	Gloria Christie (Medicaid Enrollee)	Make moral choices when considering cuts	Miscellaneous

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B41	Gloria Christie (Medicaid Enrollee)	Use good business sense in Medicaid Insurance issues	Miscellaneous
B42	IndependenceFirst, Milwaukee, WI	Develop a drug formulary paid by Medicaid such as the one paid by Medicare	Prescription Drug Reform
B43	March of Dimes	Drop the smoking cessation medication exception from Medicaid prescription drug coverage for pregnant women [Section 1927(d)(2) of the Social Security Act; 42 USC 1396r-8(d)(2)]; encourage states to cover smoking cessation counseling services for pregnant women furnished by or under the supervision of a physician, or other health professional who is legally authorized to do so under State Law, and is authorized to receive Medicaid payments	Prescription Drug Reform
B44	March of Dimes	Maintain the enhanced federal match rate for case management targeted at high-risk pregnant women; encourage state Medicaid directors to include targeted case management for high-risk pregnancies in all state plans	Targeted Case Management
B45	Missouri Division of Medical Services	Private sector, long-term care insurance market to meet the needs of low-income Missouri residents who require nursing home and in-home care services	Long Term Care
B46	National Association of Community Health Centers Medicaid Partnership	Preserve the Federal Guarantee of Medicaid Coverage, Services and Consumer Protections, Preserve the Federal Financing Role in Medicaid, Assure Adequate Provider Participation, Use the Medicaid Waiver Process to Foster Improvements and Innovation, Not to Eliminate Federal Protections or Reduce Benefits, Improve the Integrity of Medicaid, Recognize the Interdependence of Medicaid and the Public Health System, Work in a Bipartisan Manner to Address the Issue of Reforming Medicaid	No options
B47	National Association of State Medicaid Directors	Promotion of innovations and reforms in providing services to the chronically ill, disabled and elderly	Long Term Care
B48	National Association of State Medicaid Directors	Allow states more broader autonomy through recognizing that Medicaid is the largest provider of healthcare in the US and therefore has the most experience in delivering care	Miscellaneous
B49	National Association of State Medicaid Directors	Improve coordination between Medicaid and Medicare so that both programs can realize care management efficiencies and improve quality, reducing fragmented care, redundant services and medical errors	Medicare
B50	National Association of State Medicaid Directors	Maintain and strengthen Medicaid's federal-state partnership	Miscellaneous
B51	National Association of State Medicaid Directors	Preserve Medicaid's role as a safety net	Miscellaneous
B52	National Council for Community Behavioral Healthcare	End Institutional bias of the Medicaid long-term care system	Long Term Care
B53	National Council for Community Behavioral Healthcare	Promote the passage of the Administration's "Money Follows the Person" demonstration program	Long Term Care
B54	National Council for Community Behavioral Healthcare	Expand the availability of telepsychiatry in underserved rural areas to treat people in the community and diminish reliance on more costly inpatient care	Long Term Care

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B55	National Mental Health Association	Support the Missouri Mental Health Medicaid Pharmacy Partnership Program (MHMPP) in states	Prescription Drug Reform
B56	National Mental Health Association	Take up legislation to give states an explicit option to establish procedures for credentialing consumer-run services for coverage through Medicaid programs	Consumer Direction
B57	National Mental Health Association	Support legislation to prevent custody relinquishment for the purpose of gaining access to mental health services	Miscellaneous
B58	National Mental Health Association	Amend Medicaid statute to allow states the option to provide a full continuum of mental health care to decrease fragmentation of services	Benefits
B59	NCIL, et al.	Amend Section 1905(a)(4) of the Social Security Act by replacing "nursing facility services" with "long term services and supports" to remove the institutional bias in the program	Long Term Care
B60	NCIL, et al.	Create laws and policies that would support and develop long term service and support to "de-medicalize" personal attendant services and other services. This would allow for a greater use of nurse practitioners as opposed to doctors, trained PCAs as opposed to RNs and LPNs, etc., and thus reduce cost to Medicaid	Long Term Care
B61	NCIL, et al.	Establishment of a Federal law or regulation requiring all states to reduce their spending on institutional care to 50% of their long term care spending, and to shift those expenditures to home and community based care	Long Term Care
B62	NCIL, et al.	Legislative and/or regulatory change that would provide for true consumer choice and self-determination will not only result in greater use of home and community-based services, but will significantly reduce the extensive fraud currently being foisted on Medicaid by nursing homes and other health-care providers	Long Term Care
B63	NCIL, et al.	The federal government should move quickly to enact laws and policies to control and punish fraud and corruption and to regulate the outlandish salaries of executives and administrators in the nursing home industry. The \$10 Billion cut sought by the Federal Government in Medicaid could probably be easily achieved in this item alone	Long Term Care
B64	NCIL, et al.	The whole prescription drug program needs to be looked at in light of the new Medicare drug program mandated by the Medicare Modernization Act. Since people, particularly those who are dual eligible for Medicaid and Medicare, will have their medications now covered by Medicare; there should be considerable savings to the Medicaid program	Long Term Care
B65	NCIL, et al.	There should be serious consideration given to promoting consolidation of services and supports to decrease administrative cost	Long Term Care
B66	NCIL, et al.	Multi-state purchasing pools	Prescription Drug Reform
B67	NCIL, et al.	Increase use of generic drugs	Prescription Drug Reform
B68	NCIL, et al.	"De-medicalize" personal attendant and other services	Long Term Care

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B69	Lynn Read, Oregon State	Using the Oregon state Medicaid program as a model, amend the statute so that covered services are based on a prioritized list of health services using evidence-based processes that rank services based on clinical effectiveness and value to society	Benefits
B70	Richard DiPeppe, Endependence Center Inc.	Make case management a consumer-directed service  * Submitted after August 5, 2005	Consumer Direction
B71	Richard DiPeppe, Endependence Center Inc.	Establish individual Medicaid accounts to be controlled by enrollee families  * Submitted after August 5, 2005	Consumer Direction
B72	Richard DiPeppe, Endependence Center Inc.	Establish new program to deal solely with disability  * Submitted after August 5, 2005	Disabilities
B73	Richard DiPeppe, Endependence Center Inc.	Move some of services currently covered by Medicaid to Support Services/Human Services  * Submitted after August 5, 2005	Disabilities
B74	Richard DiPeppe, Endependence Center Inc.	End Institutional bias of the Medicaid long-term care system  * Submitted after August 5, 2005	Long Term Care
B75	Richard DiPeppe, Endependence Center Inc.	Consolidate Medicaid and Medicare, make system "disability-based"  * Submitted after August 5, 2005	Medicare
B76	Richard DiPeppe, Endependence Center Inc.	Encourage states to have single waiver program, rather than multiple waivers, to reduce administrative costs and better serve people with disabilities  * Submitted after August 5, 2005	Waivers
B77	Sandata	Directs States, as a condition of participation, to allow Medicaid-contracting health care providers to maintain data in electronic rather than paper format for documentation and compliance purposes	Health IT
B78	Shelley Gottsagen	Prescription drug program reform	Prescription Drug Reform
B79	Wally Roberts, Waterbury Senior Center	Put greater resources into uncovering nursing home fraud	Fraud and Abuse

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B80	Wally Roberts, Waterbury Senior Center	Amend Section 1905(a)(4) of the Social Security Act by replacing "nursing facility services" with "long term services and supports" to remove the institutional bias in the program	Long Term Care
B81	Wally Roberts, Waterbury Senior Center	Extract greater rebates from prescription drug manufactures	Prescription Drug Reform
B82	Wally Roberts, Waterbury Senior Center	Restrict exorbitant salaries and profits of nursing home executives and owners	Miscellaneous
B83	Wally Roberts, Waterbury Senior Center; Shelley Gottsagen	Create laws and policies that would support and develop long-term service and support the "de-medicalization" of personal attendant services	Long Term Care
B84	National Association of Chain Drug Stores	Encourage use in Medicaid of retail pharmacy-based medication therapy management (MTM) and disease management programs, in the same manner as has been established for dual eligible beneficiaries moving to Medicare Part D.	Prescription Drug Reform
B85	National Association of Chain Drug Stores	Take steps to assure more accurate and timely manufacturer rebate collections by states, as well as requiring that third party insurers and benefits administrators coordinate benefits with Medicaid to enhance cost avoidance procedures.	Prescription Drug Reform
B86	National Governors Association	Closed drug formulary	Prescription Drug Reform
B87	National Governors Association	Dispensing fees	Prescription Drug Reform
B88	National Governors Association	Purchasing pools	Prescription Drug Reform
B89	National Governors Association	Reverse mortgages	Long Term Care
B90	National Governors Association	Long term care insurance partnership	Long Term Care
B91	National Governors Association	Waiver reform	Waivers
B92	National Governors Association	Judicial reform	Judicial Reform
B93	National Governors Association	Clawback relief	Medicare
B94	National Governors Association	Reinvestment options	Miscellaneous
B95	Darlene O'Connor, University of Massachusetts Medical School Center for Health Policy and Research	Change mandatory nursing home coverage to a state plan option that covers flexible comprehensive long term care services.	Long Term Care
B96	Generic Pharmaceutical Association	Implement stringent medical justification for overrides of mandatory generic substitution.	Prescription Drug Reform
B97	Generic Pharmaceutical Association	Eliminate carve-outs from generic requirements for certain classes of drugs.	Prescription Drug Reform
B98	Generic Pharmaceutical Association	Provide federal assistance for a Maximum Allowable Cost (MAC) program to drive generic utilization.	Prescription Drug Reform
B99	Generic Pharmaceutical Association	Implement zero-copay rules for generic drug utilization.	Prescription Drug Reform

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B100	Generic Pharmaceutical Association	Implement physician counter-detailing.	Prescription Drug Reform
B101	Roger Berliner, Patient's Healthcare Card	Patient's Healthcare Card program	Health IT